

**2010 BUTLER COUNTY AAU GIRLS BASKETBALL SUPER REGIONAL
WEST CHESTER / MASON, OHIO
May 7th -9th**

PLEASE CHECK THE APPLICABLE DIVISION:

12U / 7th Grade ____ 13U / 8th Grade ____ 14U / 9th Grade ____

15U / 10th Grade ____ 16/u 11th Grade ____

Div. I ____ Non ____

PLEASE PRINT VERY CLEARLY THE FOLLOWING:

TEAM NAME _____

COACH'S NAME _____

E MAIL ADDRESS _____

HOME PHONE # _____

CELL PHONE # _____

ADDRESS _____

FAX NO. _____

ASST. COACH NAME _____

E MAIL ADDRESS _____

ASST. COACH PHONE # _____

CELL PHONE # _____

TEAM PARENT NAME _____

E MAIL ADDRESS _____

TEAM PARENT PHONE # _____

CELL PHONE # _____

Mail to: Butler County VB / Super Regional
Attn: Stephanie Gigliotti
8750 Union Centre Boulevard,
West Chester OH 45069



2010 BUTLER COUNTY AAU SUPER REGIONAL

West Chester/Mason, Ohio May 7th-9th, 2010

Non-Qualifying Team _____

Qualifying Team _____

AAU Club Name _____ AAU Club # _____ Age Group _____
 There will be no additions to entry form after the start of your first game. There can only be a maximum of 15 athletes per team. (Must be filled in above, to qualify)

List Players in Alphabetical Order Last Name First	Date of Birth	Jersey #	Complete Address	AAU Number	Player s Sign In At Tournament (Prior to competing)
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					

*Must List Two Adult (18 or Over) Coaches Per Team In signing this document, I verify that as an athlete/coach, I am a registered AAU amateur athlete/coach, according to the AAU By-Laws, and that in consideration of your accepting my entry, I, intending to be legally bound, and my heirs and administrators hereby waive and release any and all claims and rights that I may have against the Amateur Athletic Union, the tournament organization, the owner/lessor/operators of the facilities, and their representatives for any and all injuries or losses suffered by me at said tournament. Held under the Sanction of the *Florida* District of the Amateur Athletic Union of the United States.

*Signature of Head Coach

Signature of Assistant Coach

Print Name of Head Coach and AAU Number

Print Name of Assistant Coach and AAU Number

Print Address, City, State, Zip

Print Address, City, State, Zip

Home Phone _____ Cell _____

Home Phone _____ Cell _____

Work Phone _____ Email _____

Work Phone _____ Email _____